Entity: Board of Examiners of Psy	ychologists		1 3305 A
		Report Year:	2010
Contact Person: Title:	Ouida M. Nugent Accountant		Omda M. Nugent 12/30/2009
Mailing Address:	8280 YMCA Plaza Baton Rouge, Loui	Drive, Bldg. #	48B
Phone Number:	(225) 763-3935 Fa	ax Number: (2	225) 763-3968
Email Address:	lsbep@earthlink.n	et	
Website Address:	www.lsbep.org		
Legal Authority:	R.S. 37:2353		
Year Created:	1964		
Organizational Placement Under Title 3	6 of Louisiana Revi	ised Statutes:	
Department of Health and Hospital	S		
The Entitiy is:			
Active Inactive Not fully organized Disbanded			
Purpose/Function:			
The Board is responsible for license	ure and regulation of	psychologists	within the state.

Form #:

BC-0

**BC Data Collection Form** 

**Budget Message:** 

Most of the 2009-2010 fees have been collected, and actual receipts and disbursements are within the previously budgeted range. The Board plans to continue operations with two employees. It will remain active in providing information and aid to state licensed psychologists and conducting itself as a liaison with state and national psychological associations.

BC Data Collection Form	Form #:	
Entity: Board of Examiners of Psychologists	Page: ID#: Section: Report Year	3305 A
Number of Entity Members:  Number Authorized 5  Number Currently Serving 5  Number of Entity Meetings:  Actual number in prior year 13  Estimated number in current year 14	•	
Do members receive per diem, salaries, and/or travel expense reim  X Yes No  Excluding member per diem, salaries, and travel expense reimburs the entity receive or expend funds?  X Yes No  Entity Fiscal Year End: 6/30		
Entity Member Per Diem: Amount authorized \$75.00 per day spent on board business Total entity member per diem: Prior year actual \$5,175 Current year budgeted \$5,100		
Entity Member Salaries:  Total entity member salaries:  Prior year actual  Current year budgeted   X None		
Entity Member Travel Expense Reimbursements:  Total entity member travel expense reimbursements:  Prior year actual \$16,430  Current year budgeted \$16,000		
Number and Type of Authorized Employee Postions:  Classified 0 Unclassified 2 Part Time 0		
Participation in State Employee Benefit Programs:  Employees: participate in state retirement system and/or state g	group insurance	program

Members: do not participate in state benefit programs.

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	SUMMARY STATEMENT OF ACTUAL AND BUDGETED MEANS OF FINANCING FOR YEARS SHOWN E
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-19000	200000	213000	222133	TOTAL MEANS OF FINANCING
10000	20000	24000	2000	redefal runds
				Interim Emergency Board
0	500	500	742	Other Means of Financing (Interest)
				Statutory Dedications:
				9)
				8)
				7)
				6)
-45	2380	2425	2998	5) Other
				Sale of Goods and Services
				3) Enforcement Actions
0	16000	16000	19250	2) Examinations
-19555	181120	200675	199765	1) Licenses
				Fees & Self-Generated Revenues
				Interagency Transfers
				STATE GENERAL FUND BY:
				STATE GENERAL FUND (Direct)
				Means of Financing
Current Year	Budgeted	Budgeted*	Actual	
Over or Under	Projected Year	Current Year	Prior Year	
Projected Year	7/1/08-6/30/09  7/1/09-6/30-10   7/1/10-6/30/11  Projected Year	7/1/09-6/30-10	7/1/08-6/30/09	

NOTES: Indicate your board/commission's fiscal year here: July 1--June 30
\* Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

SUMMARY STATEMENT OF ACTUAL AND BUDGETED EXPENDITURES/EXPENSES FOR YEARS SH BC-2

Page 4	=	cpenditures for th	ıual revenues/ex	nt estimate of ann	* Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year
0	2	2	2		TOTAL AUTHORIZED POSITIONS
0	2	2	2	Unclassified	
					Number of Authorized Positions:
-19600	200000	219600	198879	& TRANSFERS [	TOTAL EXPENDITURES/EXPENSES & TRANSFERS
0	0	0	0		Interagency Transfer
-4500	0	4500	0	PAIRS	TOTAL ACQUISITIONS & MAJOR REPAIRS
				Major Repairs	
-4500	0	4500	0	Acquisitions	
					Acquisitions and Major Repairs:
0	0	0	0	Omer Charges	TOTAL OTHER CHARGES
				2	Other Charges:
0	39700	39700	34565		TOTAL PROFESSIONAL SERVICES
				Prof. Travel	
0	4000	4000	3766	Other	
0	30000	30000	26272	Legal	
				Management	
0	5700	5700	4527	Accounting	
					Professional Services:
-19400	45300	64700	61158		TOTAL OPERATING EXPENSES
-2000	1000		3364	Supplies	
-11400	34300	45700	41363	Operating Serv	
-6000	10000	16000	16431	Travel	
					Operating Expenses:
4300	115000	110700	103156		TOTAL SALARIES
1388	34188	32800	28940	Related Benefit	
0	5100	5100	5175	Other Compens	
2912	75712	72800	69041	Regular	
					Salaries:
Current Yr.	Budgeted		Actual		Category of Expenditure/Expense
Over/Under	Projected Year		Prior Year		
Proj. Year	7/1/10-6/30/11	7/1/09-6/30/10	7/1/08-6/30/09		

114390	114390	114390	Unreserved Fund Balance/Unrestricted
		strictions	Reservations of Fund Balance/Asset Restrictions
114390	114390	114390	Ending Fund Balance/Net Assets
		-1278	Other Adjustments - Depreciation
-200000	-219600	-198879	Total Expenditures/Expenses/Transfers
200000	219600	222755	Total Means of Financing
114390	114390	91792	Beginning Fund Balance/Net Assets
Budgeted	Budgeted*	Actual	
Projected Year	Current Year	Prior Year	
7/1/10-6/30/11	11/08/9-01/1/2 01/08/9-60/1/2 60/08/9-80/1/2	7/1/08-6/30/09	

## NOTES/EXPLANATIONS:

 Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

## ANTICIPATED DEVELOPMENTS:

The Board anticipates a decreased number of licensed psychologists for the projected fiscal year due to the transfer of Medical Psychologist licensure to the Louisiana State Board of Medical Examiners.

## MAJOR OBJECTIVES/ASSUMPTIONS:

granted a license to practice psychology within the state. Complaints will be investigated and handled appropriately. The Board plans to continue reviewing and examining applicants to ascertain that only qualified candidates are

2	2	2	2	2	2	# of times given per year
7	7	7	7	7	7	Exam Process (Incl. Board Members)
						# Employees directly involved in
22	18	18	23	34	17	Examinations Taken - Oral
						Examining
2	2	2	2	2	2	Total Employees
2	2	2	2	2	2	license issue
						Employees directly involved in
573	631	631	628	603	605	issued and renewed
						Licenses, Certificates, etc.
						Licensing
Planned	Estimated	Planned	Actual	Actual	Actual	PERFORMANCE INDICATORS
6/30/2011	6/30/2010	6/30/2010	6/30/2009	6/30/2008	6/30/2007	

licensee.		ams or bring chare	o administer exa	e the agency who	* Third party refers to individuals outside the agency who administer exams or bring charges against a
-45	2380	2425	2998		Other
					Sale of Goods and Services
					of third parties by the board.)
					(* include amounts collected on behalf
					Enforcement Actions (Fines)
					parties by the board.)
					(*Include amounts paid to third
0	16000	16000	19250	23	Examination Fees
-19555	181120	200675	199765	628	License Fees
					LA. Revised Statutes 37:2351-2369
Over/Under Current Yr.	Projected Year Budgeted	Current Year Budgeted**	Actual Collections	Number of Transactions	Detail of Self-Generated Revenue
Proj. Year	7/1/10-6/30/11		Prior Year		
	ı	ă.			

<sup>\*\*</sup> Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

	Total Salaries	Sub-Total Related Benefits	Other Related Benefits (Specify)	Group Insurance Contributions (Specify)	Group Insurance ContrState Employ.	Unemployment Benefits	F.I.C.A. Tax & Medicare Tax	Retirement Contributions-Other (Specify)	Retirement Contr.State Employees	Sub-Total Salaries & Other Comp.	Compensation of Board Members	Other Compensation	Wages	Salaries-Overtime	Salaries-Regular	Description		7/1
	103156	28940			14982		1603		12355	74216	5175				69041	Actual	Prior Year	1/08-6/30/09
	110700	32800			16503		1446		14851	77900	5100				72800	Budgeted*	Current Year	7/1/09-6/30/10
	115000	34188			17255		1488		15445	80812	5100				75712	Budgeted	Projected Year	7/1/10-6/30/11
	4300	1388			752		42		594	2912	0				2912	Current Year	Over or Under	7/1/08-6/30/09 7/1/09-6/30/10 7/1/10-6/30/11 Projected Year

<sup>\*</sup> Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

Pro	
ojected Year	

_					_	_	_		-	-	_	_	1
							1001	Anna English \ \ncapelino	Jaime Monic	Incumbent	Name of		
								C	C	c	악	ဂ	
								Clerical Assistant	Executive Director	of Position	Class or Title		
								26000	46800	Salary*	Current Year		
								27040	48672	Salary*			
								4%	4%	Salary**	5	Increase	Percent
								5516	9929	Employees	State	Retirement	Re
								0	0	Tax	FICA		Related Benefits
								6500	0	Insurance Medicare	Group ***		ts
								392	706	Medicare			

Reflects amount budgeted for individual's salary during year
The column reflects the percentage increase in pay period salary after all salary adjustments in the requested year are made, compared to the current year salary.

<sup>\*\*\*</sup> Indicate those employees participating in State Group Benefits, HMOs, etc.

## COMPENSATION OF BOARD OR COMMISSION MEMBERS

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1050	14	1050	14	525	NONE	75		Paul Dammers, Ph.D.
1050	14	1050	14	750	NONE	75		Jillandra C. Rovaris, Ph.D.
0	0	0	0	1500	NONE	75		Rebecca F. Nolan, Ph.D.
1050	14	1050	14	600	NONE	75		Joseph E. Comaty, Ph.D.
975	13	975	13	0	NONE	75		John C. Courtney, Ph.D.
0	0	0	0	225	NONE	75		John F. Bolter, Ph.D.
975	13	975	13	1575	NONE	75	LRS 37:2353	Glenn A. Ally, Ph.D.
Amount	Attended Amount	Amount	Attended	Amount	(Except Travel)	Meeting	Payment	Name of Member
ed Year	Projected Year	Current Year	Currer	Prior Year	Paid	Rate Per	For	
3/30/11	7/1/10-6/30/11	80/2010	7/1/09-6/30/2010	7/1/08-6/30/09	Other Expenses 7/1/08-6/30	Per Diem	Authority	
						Authorized	Statutory	

Total Board Members: 5

	TOTAL COMPENSATION
	5175
	68 5100
מבס	68
Dana 10	5100

Page 10

NOTE: Attach explanation for any line item change of more than 10%	TOTAL MILEAGE REIMBURSEMENT	TOTAL TRAVEL	SUB-TOTAL OUT-OF-STATE	BOARD MEMBERS	FIELD TRAVEL	CONFERENCE & CONVENTIONS	ADMINISTRATIVE	OUT-OF-STATE:	SUB-TOTAL IN-STATE	BOARD MEMBERS	FIELDS TRAVEL	CONFERENCE & CONVENTIONS	ADMINISTRATIVE	IN-STATE:	Description		
item change of m	5904	10527	10527	10527											Actual	Prior Year	7/1/08-6/30/09
nore than 10%.	6000	10000	10000	10000											Budgeted*	Current Year	7/1/08-6/30/09 7/1/09-6/30/10 7/1/10-6/30/11 Projected Year
	5000	5000	5000	5000											Budgeted	Projected Year Over or Under	7/1/10-6/30/11
	-1000	-5000	-5000	-5000											Current Year	Over or Under	Projected Year

The projection shows planned cost cutting.

\* Current Year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

1000		ore than 10%.	em change of m	NOTE: Attach explanation for any line item change of more than 10%
-2000	1000	3000	3364	TOTAL SUPPLIES
				OTHER
				AUTOMOTIVE
				REPAIR & MAINTENANCE SUPPLIES:
				OTHER OPERATING SUPPLIES
				AUTOMOTIVE
				FOOD
				MEDICAL
				OPERATING SUPPLIES:
-2000	1000	3000	3364	OFFICE SUPPLIES
-11400	34300	45700	41363	TOTAL OPERATING SERVICES
-4100	5183	9283	8278	OTHER - Misc., Internet, Proc. fees
-2000	2000	4000	2986	UTILITIES
-1000		2000	1388	TELEPHONE
-1000	3000	4000	3497	POSTAGE
-2500	500	3000	2763	DUES & SUBSCRIPTIONS
0	21176	21176	20559	RENTALS
-500	500	1000	781	OTHER MAINTENANCE
				AUTOMOTIVE REPAIRS
0	141	441	441	INSURANCE
-300	500	800	670	PRINTING
				ADVERTISING
Current Year	Budgeted	Budgeted*	Actual	Description
Over or Under	Projected Year	Current Year	Prior Year	
Projected Year	7/1/10-6/30/11	7/1/09-6/30/10	7/1/08-6/30/09	

year in which you are presently operating. The projection shows planned cost cutting.

Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal

		C. G. Pettigrew, Ph.D. (Complaints Inv.	McGlinchey, Stafford (Legal)	Taylor, Porter, Brooks, Phillips (Legal)	Nugent Accounting Svc. (Accounting)	Contracts less than \$2500 (1)	PURPOSE OF CONTRACT		
		2588	4466	21806	3919	1786	Actual	Prior Year	/1/08-6/30/09
		4000	10000	20000	5000	700	Budgeted*	Current Year	7/1/09-6/30/10
		4000	10000	20000	5000	700	Budgeted	Projected Year	7/1/10-6/30/11
		0	0	0	0	0	Current Year	Current Year   Projected Year   Over or Under	7/1/08-6/30/09 7/1/09-6/30/10 7/1/10-6/30/11 Projected Year

TOTAL List all contracts for \$2,500 or greater. Indicate only number & amount of Contracts less than \$2,500. 34565 39700 39700

<sup>\*</sup> Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

		_	 _	 	 	_		-		 					
											NONE				
											0		Actual	Prior Year	7/1/08-6/30/09
											0		Budgeted*	Current Year	7/1/09-6/30/10
											0		Budgeted	Projected Year   Over or Under	7/1/10-6/30/11
											0		Current Year	Over or Under	7/1/08-6/30/09 7/1/09-6/30/10 7/1/10-6/30/11 Projected Year

<sup>\*</sup> Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

			nore than 10%.	em change of m	NOTE: Attach explanation for any line item change of more than 10%.
0	0	0	0	0	TOTAL MAJOR REPAIRS
					Communications
					Boats & Aircraft
					Educational, Recreational, & Cultural
					Office
					Medical
					Household
					Farm & Heavy Movable
					Bldgs., Grounds, & Gen. Plant
					Automotive
					Machinery & Equipment:
					Buildings
					Land
					MAJOR REPAIRS:
21625	-4500	0	4500	0	TOTAL ACQUISITIONS
					Other
					Communications
					Educational
21625	-4500	0	4500	0	Office
					Automotive
					Bldgs. Grounds, & Gen. Plant
					Land and Buildings
					ACQUISITIONS:
Inventory	Current Year	Budgeted	Budgeted*	Actual	Description
Current	Over or Under	Projected Year	Current Year	Prior Year	
Value	Projected Year	7/1/10-6/30/11	7/1/09-6/30/10	7/1/08-6/30/09	

NOTE: Attach explanation for any line item change or more than 107%. The projection anticipates no new purchases.

\* Current year should reflect most recent estimate of annual revenues/expenditures.

			NONE			DESCRIPTION IN KIND ASSISTANCE ASSISTANCE		
			0			ASSISTANCE	N KIND	VALUE OF
			0			Actual	Prior Year	7/1/08-6/30/09
			0			Budgeted	Current Year	7/1/09-6/30/10
			0			Budgeted	Current Year   Projected Year	VALUE OF   7/1/08-6/30/09   7/1/09-6/30/10   7/1/10-6/30/11

<sup>\*</sup> Indicate a schedule of the rates used to determine the value of In Kind Assistance. Show how these amounts are computed.

<sup>\*\*</sup> Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.